

Receipt number CFC100004780

Clear Form

In The United States Court of Federal Claims

Cover Sheet

19-987 T

Plaintiff(s) or Petitioner(s)

Names: William Joseph Mooney and Joni Therese MooneyLocation of Plaintiff(s)/Petitioner(s) (city/state): 409 6th Avenue Northwest
Little Falls, Minnesota 56345

(If this is a multi-plaintiff case, pursuant to RCFC 20(a), please use a separate sheet to list additional plaintiffs.)

Name of the attorney of record (See RCFC 83.1(c)): n/aFirm Name: n/a

Contact information for pro se plaintiff/petitioner or attorney of record:

Post Office Box:

Street Address:

City-State-ZIP:

Telephone & Facsimile Numbers:

E-mail Address:

409 6th Avenue NorthwestLittle Falls, Minnesota 56345320-632-8578moonsterb@gmail.com

Is the attorney of record admitted to the Court of Federal Claims Bar?

n/aDOJ☐ Yes ☒ NoNature of Suit Code: 212

Select only one (three digit) nature-of-suit code from the attached sheet.

Agency Identification Code: TRE, DOJ, VARNumber of Claims Involved: ????Amount Claimed: \$ William \$459917.86 Joni 239463.71

Use estimate if specific amount is not pleaded.

Bid Protest Case (required for NOS 138 and 140):

Indicate approximate dollar amount of procurement at issue: \$ n/a

Is plaintiff a small business?

☐ Yes ☒ No

Was this action preceded by the filing of a protest before the GAO?

☐ Yes ☒ No

If yes, was a decision on the merits rendered?

☐ Yes ☐ No

Income Tax (Partnership) Case:

Identify partnership or partnership group: n/a

Takings Case:

Specify Location of Property (city/state): 409 6TH AVE NW LITTLE FALLS, MINNESOTA

Vaccine Case:

Date of Vaccination: n/a

Related Case:

Is this case directly related to any pending or previously filed case(s) in the United States Court of Federal Claims? If yes, you are required to file a separate notice of directly related case(s). See RCFC 40.2.

☐ Yes ☒ No

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